



U.S. Department
of Veterans Affairs

Fact Sheet

Office of Public Affairs
Media Relations

Washington, DC 20420
(202) 461-7600
www.va.gov

October 2016

VA Programs for Homeless Veterans

The United States (U.S.) Department of Veterans Affairs (VA) remains committed to the goal of ending Veteran homelessness. VA and our Federal, state and local and non-governmental partners recognize that ending Veteran homelessness is not a single event in time, but rather is a deliberate effort towards achieving the goal, and then continued follow-on efforts to make sure that the goal is maintained.

Our goal is a systematic end to homelessness, which means communities across the country:

- Have identified all Veterans experiencing homelessness.
- Are able to provide shelter immediately to any Veteran experiencing unsheltered homelessness who wants it.
- Provide service intensive transitional housing in limited instances.
- Have capacity to assist Veterans to swiftly move into permanent housing.
- Have resources, plans and system capacity in place should any Veteran become homeless or be at risk of homelessness in the future.

The ultimate goal is that all Veterans have permanent, sustainable housing with access to high quality health care and other supportive services and that homelessness in the future is prevented whenever possible or is otherwise a rare, brief, and non-recurring experience.

State of Homelessness

Significant progress has been made to prevent and end Veteran homelessness. The number of Veterans experiencing homelessness in the United States has declined by nearly fifty percent since 2010. The recently released Department of Housing and Urban Development's Point-in-Time (PIT) count estimates that on a single night in January 2016, fewer than 40,000 Veterans were experiencing homelessness and just over 13,000 were unsheltered or on the street. The 17 percent decline in Veteran homelessness between 2015 and 2016 is quadruple the previous year's annual rate of decline.

Since 2010, over 480,000 Veterans and their family members have been permanently housed, rapidly rehoused, or prevented from falling into homelessness by HUD's targeted housing vouchers and VA's homelessness programs.

In addition to the national snapshot provided by the 2016 PIT Count, nearly 30 areas of varying sizes—including two states—have effectively ended Veteran homelessness, based on criteria established by the U.S. Department of Veterans Affairs (VA), U.S.

Department of Housing and Urban Development (HUD), and United States Interagency Council on Homelessness (USICH). In addition, several large cities such as Los Angeles and New York City have seen steep declines in Veteran homelessness. To see the full list of communities that have achieved an effective end to Veteran homelessness based on these guidelines, go to: <http://www.va.gov/HOMELESS/endingVetshomelessness.asp>

These developments demonstrate that the goal of ending homelessness among Veterans—and among all Americans without permanent housing—can be achieved through aspirational goal-setting and data-driven approaches; effective coordination of resources and partnerships at the federal, state and community levels; sufficient numbers of dedicated staff; and close federal and community collaboration in implementing proven strategies.

A prime example of the progress is illustrated by the steep decline in Veteran homelessness in Los Angeles. Los Angeles has historically been one of the cities with the highest numbers of homelessness. With an influx of dedicated VA and community resources, Veteran homelessness declined in Los Angeles by more than 32 percent last year—about four times the rate of decline of previous years—in spite of an uptick in general homelessness.

The progress in Los Angeles reflects the overall progress nationally which can be attributed to a combination of both proven and innovative practices—modeled by VA and by community-based partners—that are reducing homelessness among Veterans nationwide and ending it community by community.

Ending Veteran Homelessness is Achievable

To achieve this goal, we need continued urgency and commitment from leaders in every community. No one entity can end homelessness among Veterans alone. There has been unprecedented support from the Administration, Congress, and state and local leaders to provide both the funding and human resources needed to end Veteran homelessness. Communities are continuing the work of aligning those resources with the most effective, Housing First approaches.

Thanks to the efforts of communities across the country, our Veterans experiencing homelessness—whether they are in shelters or on the streets—are no longer just a number. Communities know their names. We must provide those men, women, and families with shelter and other crisis services when they want and need them.

When Veterans experiencing homelessness have the right opportunities, we know they can be successful. We've seen it happen time and time again.

By sharing lessons and experiences, communities across the country can help finish the job of ending Veteran homelessness. Progress comes from community leaders focusing efforts to implement proven practices that are reducing homelessness among Veterans nationwide and ending it community by community. Proven practices developed and implemented locally that are common among communities that achieved an effective end to Veteran homelessness include:

- Implement Housing First practices and approaches across every aspect of homeless services. This approach is essential to success. Housing First is a proven model that increases housing success, decreases emergency room costs, and is a humane, dignified approach to helping Veterans achieve the stable, permanent housing they deserve.
- Identify all Veterans experiencing homelessness by name and share that list across systems so that no one falls through the cracks.
- Use and share data to find and serve every Veteran in need.
- Create coordinated assessment and entry systems to ensure that there is no wrong door for Veterans seeking help. Coordinate people and services at every level to create integrated systems of care.
- Set concrete and aspirational monthly and quarterly goals and engage the community and systems to meet them – this requires the direct involvement of community leaders and focused political will. Benchmark progress against specific criteria.
- Synchronize programs to coordinate outreach and target the right level of resource to the right Veteran at the right time.
- Target high-need communities where most homeless Veterans are.
- Make sure outreach and engagement efforts are coordinated across service providers, law enforcement, prisons and jails, hospitals, libraries, and job centers to proactively seek out Veterans in need of assistance.
- Focus particularly on collaborations among Workforce Investment Boards, homeless services and housing organizations, VA Medical Centers, and employers, so that Veterans can be quickly connected to jobs.

VHA Homeless Programs

All data on this Fact Sheet is as of Fiscal Year (FY) 2016 (September 30, 2016) unless otherwise stated. Where only calendar year data is provided, it is because the data for those programs is normally reported only by calendar year.

Community Resource and Referral Centers (CRRC): CRRCs are a collaborative effort of VA, the community, service providers, and agency partners. The CRRCs are located in strategically selected areas to provide both a refuge from the streets and a central location to engage homeless Veterans in services. Veterans will be referred to health and mental health care resources, job development programs, housing options, and other VA and non-VA benefits.

Program Highlights:

- In FY 2015, over 32,000 Veterans received services through the CRRCs. Fiscal Year (FY) 2016 data is still being assembled.

Domiciliary Care for Homeless Veterans (DCHV): The DCHV program provides time-limited residential treatment to homeless Veterans with mental health and substance use disorders, co-occurring medical concerns, and psychosocial needs including

homelessness and unemployment. DCHV programs provide homeless Veterans access to medical, mental health, and substance use disorder treatment in addition to psychosocial and vocational rehabilitation treatment programs.

Program Highlights, as of September 30, 2016 (note—there is a lag in receiving DCHV data from field locations. Final FY 2016 data should be available December 2016):

- The DCHV program provided services to over 7,500 Veterans.
- The DCHV program offered more than 2,200 operational beds at 46 sites in support of homeless Veterans.

For more information, please visit: <http://www.va.gov/homeless/dchv.asp>

Health Care for Homeless Veterans (HCHV): The central goal of HCHV programs is to reduce homelessness among Veterans by engaging and connecting homeless Veterans with health care and other needed services. HCHV programs provide outreach, case management and HCHV Contract Residential Services ensuring that chronically homeless Veterans, especially those with serious mental health diagnoses and/or substance use disorders, can be placed in VA or community-based programs that provide quality housing and services that meet the needs of these special populations.

Program Highlights, through August 2016:

- Nearly 7,300 Veterans exited the HCHV program to independent housing.
- HCHV supported 278 Stand Downs providing outreach to over 60,610 Veterans.
- HCHV provided outreach services to over 147,000 total Veterans.
- HCHV provided case management services to over 10,400 Veterans.

For more information, please visit: <http://www.va.gov/homeless/hchv.asp>

Health Care for Reentry Veterans Services (HCRV): The HCRV program is designed to address the community re-entry needs of incarcerated Veterans. HCRV's goals are to prevent homelessness, reduce the impact of medical, psychiatric, and substance abuse problems upon community re-adjustment, and decrease the likelihood of re-incarceration for those leaving prison.

Program Highlights, FY 2016:

- HCRV program provided services to more than 16,400 Veterans.
- HCRV program provided services in 890 United States state and federal prisons.

For more information, please visit: <http://www.va.gov/homeless/reentry.asp>

Homeless Patient Aligned Care Teams (H-PACT): H-PACT provides a coordinated “medical home” specifically tailored to the needs of homeless Veterans. At selected VA facilities, Veterans are assigned to an H-PACT care team that includes a primary care provider, nurse, social worker, homeless program staff and others who provide medical care, case management, housing and social services assistance, to provide and coordinate the health care they may need while assisting them in obtaining and staying in permanent housing.

Program Highlights, through August 2016:

- H-PACTs provided care to over 18,800 Veterans in 61 locations.
- Health outcomes for Veterans participating in H-PACTs showed a 28 percent reduction in emergency department visits and a 30 percent reduction in hospitalizations at VA facilities in the six months after being enrolled in an H-PACT compared to the six months prior in FY 2015. Data for FY 2016 is being calculated and will be available on the next update of this fact sheet.

For more information, please visit: http://www.va.gov/homeless/h_pact.asp

Homeless Providers Grant and Per Diem Program (GPD): The GPD program allows VA to award grants to community-based agencies to create transitional housing programs and offer per diem payments. The purpose is to promote the development and provision of supportive housing and/or supportive services with the goal of helping homeless Veterans achieve residential stability, increase their skill levels and/or income, and obtain greater self-determination. GPD-funded projects offer communities a way to help homeless Veterans with housing and services while assisting VA medical centers (VAMC) by augmenting or supplementing care.

Program Highlights, through September 2016:

- VA's largest transitional housing program with over 13,800 beds nationwide.
- Over 25,000 Veterans entered GPD transitional housing.
- 402 Transition in Place model housing units operational.
- More than 16,500 homeless Veterans exited GPD to permanent housing.
- Average length-of-stay in GPD: **179 days** (*lowest since FY 2009*).
- In March 2016, an open letter from the VA Deputy Secretary formally encouraged GPD grantees to take steps to further align with Housing First approaches, including adoption of lower barriers to entry and bridge housing models.
- 130 grantees have worked with VA to adopt bridge housing models.

For more information, please visit: <http://www.va.gov/homeless/gpd.asp>

Homeless Veterans Dental Program (HVDP): The Homeless Veteran Dental Program helps increase the accessibility of quality dental care to homeless and certain other Veteran patients enrolled in VA-sponsored and VA partnership homeless rehabilitation programs throughout the U.S.

Program Highlights, FY 2016:

- Over 16,600 HVDP Veterans were provided dental care nationally.

For more information, please visit: <http://www.va.gov/HOMELESS/dental.asp>

Homeless Veteran Community Employment Services (HVCES): In order to help improve employment outcomes and reach the most difficult to serve homeless Veterans, in FY 2016 VA continued to support the Vocational Development Specialists (VDS) who serve as Employment Specialists and Community Employment Coordinators (CEC) within the Homeless Veteran Community Employment Services (HVCES) framework. HVCES Employment Specialists provide direct assistance to Veterans and CECs work closely with

community partners and employers to connect Veterans to the most appropriate and least restrictive VA and/or community-based services leading to competitive employment.

Program Highlights, FY 2016:

- In FY 2016 approximately 7,500 Veterans exited homeless residential programs with employment (GPD, CWT/TR, and DCHV). This represents a five percent increase over FY 2015 employment rates.
- In addition, employment rates for Veterans housed through HUD-VASH exceeded the national target by four percent.

For more information, please visit:

http://www.va.gov/homeless/employment_programs.asp

Housing and Urban Development - Veterans Affairs Supportive Housing (HUD-VASH) Program: A collaborative program between HUD and VA where eligible homeless Veterans receive a Housing Choice rental voucher from HUD, paired with VA providing case management and supportive services to sustain housing stability and recovery from physical and mental health problems, substance use disorders, and functional concerns contributing to or resulting from homelessness. HUD-VASH subscribes to the principles of the “Housing First” model of care. Housing First is an evidence based practice model that has demonstrated rapidly moving individuals into housing, and then wrapping supportive services around them as needed, helps homeless individuals exit from homelessness, remain stable in housing, and thus improving ability and motivation to engage in treatment strategies. Program goals include housing stability while promoting maximum Veteran recovery and independence in the community for the Veteran and the Veteran’s family.

Program Highlights (data as reported to Congress), FY 2016:

- Vouchers allocated: 78,529
 - Vouchers in use: 80,686
 - Veterans housed: 72,481
 - Vouchers issued to Veterans seeking housing: 6,478
 - Vouchers reserved for Veterans undergoing PHA Validation: 1,727
 - Vouchers available: -2,157

For more information, please visit: <http://www.va.gov/homeless/hud-vash.asp>

National Call Center for Homeless Veterans (NCCHV): The NCCHV was founded to ensure that homeless Veterans or Veterans at-risk for homelessness have free, 24/7 access to VA staff. The hotline is intended to assist homeless and at-risk Veterans and their families, VAMCs, Federal, state and local partners, community agencies, service providers and others in the community. The phone number is 1-877-4AID VET (1-877-424-3838).

Program Highlights FY 2016:

- The NCCHV received more than 128,000 total calls.
- The NCCHV provided assistance to over 38,000 Veterans or their families through “Homeless Chat”.

- The NCCHV made over 64,000 referrals to the VAMC Point of contact to receive services.

National Center on Homelessness among Veterans (NCHAV): The National Center on Homelessness among Veterans (NCHAV) works to promote recovery-oriented care for Veterans who are homeless or at-risk for homelessness by developing and disseminating evidence-based policies, programs, and best practices. The Center is active in research, model development, and education.

Program Highlights, FY 2016:

- Hosted the Homeless Evidence and Research Synthesis (HERS) Roundtable Series with events focusing on Aging & the Homelessness Community and Homeless Women Veterans. These virtual interagency research symposia provide a platform for researcher and providers to discuss the impact of homeless and special need associated with these cohorts.
- Center researchers developed research briefs and published numerous articles on issues related to Veteran homelessness.
- Continued development of low demand pilot transitional housing programs to offer Veterans with substance use disorders options for those not yet ready to enter permanent housing.
- Continued development of Safe Haven programs; early recovery models of supportive housing using harm reduction strategies to engage chronically homeless diagnosed with severe mental illness and/or substance use disorders.
- Developed a pilot program (Staying Housed) to identify formerly homeless Veterans now living in permanent supportive housing that are no longer able to live independently and provide them with home-based interventions to keep the Veteran independently housed and delay nursing home placement.
- Developed a pilot program (Hospital to Housing) to test the feasibility of providing direct transfers from inpatient care to transitional housing for homeless Veterans with bridging health care and care management support by their H-PACTs. The goal is to use acute hospitalization as an entry point to housing while supporting the respite needs of these Veterans in the process ending that Veteran's cycle of homelessness.
- Collaborated with the Aaron T. Beck Psychopathology Research Center at the University of Pennsylvania to provide VA National Homeless Program staff training in Cognitive Behavioral Therapy (CBT). The training, known as Cognitive Behavioral Therapy—Homeless (CBT-H), is specifically designed for staff working with homeless Veteran populations, and is developed to provide an intensive, competency-based training program for clinicians who work with Veterans experiencing chronic homelessness.
- Utilized predictive analytics to achieve a population health management approach to understand the key factors that contribute to the cycle of homelessness and to predict when a Veteran is at risk for becoming homeless.

Project CHALENG (Community Homelessness Assessment, Local Educations and Networking Groups) for Veterans: This project brings together consumers, providers, advocates, local officials and other concerned citizens to identify the needs of homeless Veterans and work to meet those needs through planning and cooperative action. Local

CHALENG meetings represent important opportunities for VA and public and private agency representatives to meet and develop meaningful partnerships to better serve homeless Veterans.

Program Highlights, calendar year 2015:

- More than 6,100 people gave their input on the CHALENG survey. This included over 3,700 homeless Veterans and over 2,900 Veterans who were not experiencing homelessness (VA staff, state and public officials, community leaders, volunteers).
- Eleven percent of the homeless Veteran survey participants were women.
- Nine of the top ten unmet needs were the same for male and female Veterans: housing for registered sex offenders, child care, legal assistance in four separate areas (prevent eviction/foreclosure, child support issues, restore a driver's license, outstanding warrants and fines), family reconciliation assistance, credit counseling, and discharge upgrade. One need that was in the top ten unmet for male Veterans (but not female Veterans) was financial guardianship. Conversely, dental care was one need on the female Veterans' top ten unmet list, but not on the male Veterans' needs list.
- Nine of the top ten met needs were also the same for male and female Veterans: medical services, testing and treatment in three separate areas (TB, Hepatitis C, HIV/AIDS), case management, services for emotional or psychiatric problems, medication management, substance abuse treatment, and food. Personal hygiene and clothing were needs unique to the top 10 lists of male and female Veterans respectively.

The next update of CHALENG data for calendar 2016 will be available in Spring 2017.

For more information and to see the full details of the top ten un-net needs for Veterans, and demographics of participants, please visit:

<http://www.va.gov/HOMELESS/challeng.asp>

Stand Downs: Stand Downs are typically one to three day events providing services to homeless Veterans such as food, shelter, clothing, health screenings, VA and Social Security benefits counseling, and referrals to a variety of other necessary services, such as housing, employment and substance abuse treatment. Stand Downs are collaborative events, coordinated between local VAs, other government agencies, and community agencies who serve the homeless.

Program highlights: See HCHV data above for stand down statistics.

For more information, please visit: <http://www.va.gov/homeless/events.asp>

Supportive Services for Veteran Families (SSVF): This program was authorized by Public Law 110-387 and provides supportive services to very low-income Veteran families in or transitioning to permanent housing. SSVF is designed to rapidly re-house homeless Veteran families and prevent homelessness for those at imminent risk due to a housing crisis. Funds are granted to private non-profit organizations and consumer cooperatives that will assist very low-income Veteran families by providing a range of supportive services designed to promote housing stability.

Program Highlights, in FY 2016:

- \$300 million awarded to 275 organizations in all 50 states, Puerto Rico, the District of Columbia, Guam, and the Virgin Islands. An additional \$100 million available to 92 grantees in 70 high need communities (part of 3-year grant awards made in FY 2015).
- SSVF assisted nearly 150,000 individuals.
 - Over 95,000 Veterans assisted.
 - Nearly 32,000 children assisted in over 16,500 households with children.
 - Of the Veterans assisted, over 12,700, or roughly 13 percent were female.
- 84 percent of those discharged from the SSVF program obtained permanent housing.

For more information, please visit: <http://www.va.gov/homeless/ssvf.asp>

Veterans Justice Outreach (VJO): The purpose of the Veterans Justice Outreach (VJO) Program is to prevent homelessness, and avoid the unnecessary criminalization of mental illness and extended incarceration among Veterans. This is accomplished by ensuring that eligible justice-involved Veterans encountered by police, and in jails or courts, have timely access to VHA mental health, substance abuse, and homeless services when clinically indicated, and other VA services and benefits as appropriate.

Program Highlights, FY 2016:

- The VJO program provided services to over 50,800 justice-involved Veterans.
- VA provided support to 461 Veterans Treatment Courts and other Veteran-focused court programs.
- VA partnered with legal providers to offer 125 pro-bono legal clinics to Veterans on site at VAMCs.

For more information, please visit: <http://www.va.gov/homeless/vjo.asp>

Contact Us

To find the VA facility nearest to you, please visit:

<http://www1.va.gov/directory/guide/home.asp>

More detailed information on all of VA's Programs for Homeless Veterans can be found on the internet at <http://www.va.gov/homeless>.

If you, or a Veteran you know, are at risk of homelessness contact VA's National Call Center for Homeless Veterans at 1-877-4AID-VET (1-877-424-3838) to speak to a trained VA responder.

#